

RIC Participant Account Inform		Date
Participant Name		
SSN		
Provider		
Provider Phone		
Service Representative Name		
Policy Number		
Policy Date		
Policy Type		
Current Value	\$                      as of	
Surrender Value	\$                      as of	
Surrender Schedule	from <input type="checkbox"/> orig policy date or <input type="checkbox"/> per contrib	
Date of Last Contribution		
Recapture Bonus		
Current Penalty-free Amount	\$                      annual penalty free amount                      % or \$	
Surrender Penalty if Rolled	\$                      (                      %)	
Surrender Penalty if Retired	\$                      (                      %)	
Need Provider Form to Distribute?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Allocation of Participant Assets	<input type="checkbox"/> variable <input type="checkbox"/> fixed <input type="checkbox"/> both	
Fixed Rate	%	
Death Benefit		
M&E Fees	%                      Other                      %	
Annual Contract Fee	\$                      /year	
Avg Fund Mgt Fee	%	
Access Account Info on web?		
RIC Staff Member		
Comments		